ase 1:16-cv-00415-DKW-KSC Document 28-1 Filed <u>07//05/17^{sa} Page 10 61 159 Ver. Page 15 4</u> Kailua, HI 96734

UVISA VISA

SIGNATURE

Please note that we assess a convenience fee of \$5.00 per transaction.

Date	MEDCAH Acct #	Total Due
April 27, 2015	3937	\$11.16

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MEDCAH Inc. P.O. Box 1187 Kailua, HI 96734-1187 Hdadhdadallalaladladladladdadladdadlal

** Please Detach the Top Portion and Return with Payment **

COLLECTION NOTICE

WAIANAE COAST COMP HEALTH CTR Creditor:

Creditor Account #: Amount:

3921 \$11.15

Interest Due:

\$0.01

Total Balance Due:

\$11.16

This account has been listed with our office for collection. If paid in full to this office all collection activity will be stopped. To establish a payment plan, please call our office at (808) 266-2020.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. Upon written request made within 30 days of receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

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Mailing address: P.O. Box 1187 Kailua, HI 96734 808-266-2020 or Toll Free 1-888-663-3224

Oahu Office: 320 Uluniu Street, Suite 5 Kailua, HI 96734 808-266-2020 or Toll Free 1-888-663-3224





SIGNATURE

DISCOVER C

MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

Please note that we assess a convenience fee of \$5.00 per transaction.

Total Due MEDCAH Acct # Date \$21.18 April 27, 2015 3938

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WAIANAE HI 96792-3707

MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187 ||daa||alaa|a||alaa|aa||aa|||addaa||addaa||add

** Please Detach the Top Portion and Return with Payment **

107100 - 243

COLLECTION NOTICE

WAIANAE COAST COMP HEALTH CTR Creditor:

Creditor Account #:

6101

Amount:

\$21.16

Interest Due:

\$0.02

\$21.18 Total Balance Due:

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Case 1:16-cv-00415-DKW-KSC Document 28-1

Kailua, HI 96734

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VISA VISA	☐ MASTERCARD	DISCOVER	
CARD NUMBER	EXP. C	DATE AMOUNT	
SIGNATURE	SECU	FINCLUDE 3 DIGIT JRITY CODE FROM COF CARD	

Date	MEDCAH Acct #	Total Due
April 27, 2015	3939	\$5.53

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MEDCAH, Inc.
P.O. Box 1187
Kailua, HI 96734-1187

** Please Detach the Top Portion and Return with Payment **

107100 - 244

COLLECTION NOTICE

Creditor:

WAIANAE COAST COMP HEALTH CTR

Creditor Account #:

0780

Amount:

\$5.52

Interest Due:

\$0.01

Total Balance Due:

\$5.53

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107100 - 245

MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD CIONATIES

Please note that we assess a convenience fee of \$5.00 per transaction.

Date	MEDCAH Acct #	Total Due
April 27, 2015	3940	\$3.25

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MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187

** Please Detach the Top Portion and Return with Payment **

COLLECTION NOTICE

Creditor:

WAIANAE COAST COMP HEALTH CTR

Creditor Account #:

0802

Amount:

\$3.25

Interest Due:

\$0.00

Total Balance Due:

\$3.25

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Case 1:16-cv-00415-DKW-KSC Document 28-1 P.O. Box 1187 364

UISA VISA	☐ MASTERCARD	DISCOVER DISCOVER
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		LUDE 3 DIGIT CODE FROM CARD

Date	MEDCAH Acct #	Total Due
April 27, 2015	3941	\$2.48

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MEDCAH, Inc.

P.O. Box 1187

Kailua, HI 96734-1187

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** Please Detach the Top Portion and Return with Payment **

107100 - 246

COLLECTION NOTICE

Creditor: WAIANAE COAST COMP HEALTH CTR

Creditor Account #:

1771

Amount:

\$2.48

Interest Due:

\$0.00

Total Balance Due:

\$2.48

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Case 1:16-cy-00415-DKW-KSC Document 28-1 P. 0. Box 1187 Kailua, HI 96734

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CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE	MUST INCLUE SECURITY CO BACK OF CAR	DDE FROM

Date	MEDCAH Acct #	Total Due
April 27, 2015	3942	\$13.31

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MEDCAH: Inc.
P.O. Box 1187
Kailua: HI 96734-1187

** Please Detach the Top Portion and Return with Payment **

107100 - 247

COLLECTION NOTICE

Creditor:

WAIANAE COAST COMP HEALTH CTR

Creditor Account #:

0146

Amount:

\$13.30

Interest Due:

\$0.01

Total Balance Due:

\$13.31

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ACCREDITED
BUSINESS

Mailing address: P.O. Box 1187 Kailua, HI 96734 808-266-2020 or Toll Free 1-888-663-3224 Oahu Office: 320 Uluniu Street, Suite 5 Kailua, HI 96734 808-266-2020 or Toll Free 1-888-663-3224





Case 1:16-cy-00415-DKW-KSC Document 28-Kailua, HI 96734

VISA VISA	MASTERCARD CO	DISCOVER TOWNS
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE	MUST INCLU SECURITY C BACK OF CA	ODE FROM

Date	MEDCAH Acct #	Total Due
April 27, 2015	3943	\$8.48

** Please Detach the Top Portion and Return with Payment **

107100 - 248

COLLECTION NOTICE

Creditor: WAIANAE COAST COMP HEALTH CTR

Creditor Account #: 6295 Amount: \$8.47

Interest Due: \$0.01

Total Balance Due: \$8.48

This account has been listed with our office for collection. If paid in full to this office all collection activity will be stopped. To establish a payment plan, please call our office at (808) 266-2020.

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Case 1:16-cv-00415-DKW-KSC Document 28-1

UISA WASTERCARD		DISCOVER
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE	MUST INCLUDE: SECURITY CODE BACK OF CARD	

Date	MEDCAH Acct #	Total Due	
April 27, 2015	3944	\$5.17	

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MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187

** Please Detach the Top Portion and Return with Payment **

107100 - 249

COLLECTION NOTICE

Creditor:

WAIANAE COAST COMP HEALTH CTR

Creditor Account #:

unt #: \$5.16

Amount: Interest Due:

\$0.01

Total Balance Due:

\$5.17

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SIGNATIES

MASTERCARD

☐ DISCOVER ☐

MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

Please note that we assess a convenience fee of \$5.00 per transaction.

MEDCAH Acct # Total Due Date April 27, 2015 \$3.03 3945

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MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187

** Please Detach the Top Portion and Return with Payment **

COLLECTION NOTICE

Creditor:

WAIANAE COAST COMP HEALTH CTR

Creditor Account #:

6325

Amount:

\$3.03

Interest Due:

\$0.00

Total Balance Due:

\$3.03

This account has been listed with our office for collection. If paid in full to this office all collection activity will be stopped. To establish a payment plan, please call our office at (808) 266-2020.

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Please note that we assess a convenience fee of \$5.00 per transaction.

Date	MEDCAH Acct #	Total Due
April 27, 2015	3946	\$12.20

նրերորդովիլի հիմեկիի գեղելիլը կուսի հիմեր հրահակի MARYANN N SIVONGXAY WAIANAE HI 96792-3707

MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187 Halaadkalaadadkalaadkaadkalaadkalaadkalaadkalaadkalaadkalaadkalaadkalaadkalaadkalaadkalaadkalaadkalaadkalaadkal

** Please Detach the Top Portion and Return with Payment **

COLLECTION NOTICE

WAIANAE COAST COMP HEALTH CTR Creditor:

Creditor Account #:

3043

Amount:

\$12.19

Interest Due:

\$0.01

Total Balance Due:

\$12.20

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Case 1:16-cy-00415-DKW-KSC Document 28-1 Kailua, HI 96734

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Date	MEDCAH Acct #	Total Due
April 27, 2015	3947	\$13.31

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MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187 11.1...11...1...1...11...11....11....11...11...11...11...11...11...1

** Please Detach the Top Portion and Return with Payment **

107100 - 252

COLLECTION NOTICE

WAIANAE COAST COMP HEALTH CTR Creditor:

Creditor Account #: 1286 Amount:

\$13.30

Interest Due: Total Balance Due: \$0.01 \$13.31

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SIGNATURE

USA VISA

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MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187 Hdodlolodollalaladladladdadladladdadlad

** Please Detach the Top Portion and Return with Payment **

COLLECTION NOTICE

WAIANAE COAST COMP HEALTH CTR Creditor:

Creditor Account #: 5693 Amount: \$13.93 Interest Due: \$0.02 \$13.95 Total Balance Due:

This account has been listed with our office for collection. If paid in full to this office all collection activity will be stopped. To establish a payment plan, please call our office at (808) 266-2020.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. Upon written request made within 30 days of receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Interest may be added to the outstanding principal balance as allowed by your agreement with your creditor and/or as allowed by law. Please be advised that a service fee of \$30.00 will be assessed for any check or electronic payment returned from the bank unpaid.

As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the term of your credit obligation. But we will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the time period described above.

Make payment online at: www.medcah.com

Please note that we assess a convenience fee of \$5.00 per transaction.

This communication is from a debt collection company. This is an attempt to collect a debt, and any information obtained will be used for that purpose.





Mailing address: P.O. Box 1187 Kailua, HI 96734 808-266-2020 or Toll Free 1-888-663-3224

Oahu Office: 320 Uluniu Street, Suite 5 Kailua, HI 96734 808-266-2020 or Toll Free 1-888-663-3224





Case 1:16-cv-00415-DKW-KSC Document 28-1 Filed OT/OS/17/15/PAGE OF PAGE OF A STREET OF PAGE OF Kailua, HI 96734

□visa DISCOVER TO MASTERCARD

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Please note that we assess a convenience fee of \$5.00 per transaction.

Date	MEDCAH Acct #	Total Due
April 27, 2015	3949	\$8.74

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MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187 HalaaHalaadadhalaadhadhadhadhadhadhadhadh

** Please Detach the Top Portion and Return with Payment **

107100 - 254

COLLECTION NOTICE

WAIANAE COAST COMP HEALTH CTR Creditor:

Creditor Account #: 7445 Amount: \$8.73

Interest Due:

\$0.01

Total Balance Due: \$8.74

This account has been listed with our office for collection. If paid in full to this office all collection activity will be stopped. To establish a payment plan, please call our office at (808) 266-2020.

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Date	MEDCAH Acct #	Total Due
April 27, 2015	3950	\$5.65

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** Please Detach the Top Portion and Return with Payment **

107100 - 255

COLLECTION NOTICE

Creditor: WAIANAE COAST COMP HEALTH CTR

Creditor Account #:

9006

Amount:

\$5.64

Interest Due:

\$0.01

Total Balance Due:

\$5.65

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EXHIBIT ONE



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Please note that we assess a convenience fee of \$5.00 per transaction.

MEDCAH Acct # Total Due Date April 27, 2015 \$13.31 3951

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WAIANAE HI 96792-3707

MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187 llalaalladaaladladaallaadladdaalladdaallada

** Please Detach the Top Portion and Return with Payment **

107100 - 256

COLLECTION NOTICE

WAIANAE COAST COMP HEALTH CTR Creditor:

Creditor Account #: 5832 \$13.30 Amount: \$0.01 Interest Due: Total Balance Due: \$13.31

This account has been listed with our office for collection. If paid in full to this office all collection activity will be stopped. To establish a payment plan, please call our office at (808) 266-2020.

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EXHIBIT ONE



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ARD		DISCOVER
	EXP. DATE	AMOUNT

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Please note that we assess a convenience fee of \$5.00 per transaction.

Date	MEDCAH Acct #	Total Due	
April 27, 2015	3952	\$9.00	

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MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187

** Please Detach the Top Portion and Return with Payment **

107100 - 257

COLLECTION NOTICE

WAIANAE COAST COMP HEALTH CTR Creditor:

2469 Creditor Account #: Amount: \$8.99 Interest Due: \$0.01 \$9.00 Total Balance Due:

This account has been listed with our office for collection. If paid in full to this office all collection activity will be stopped. To establish a payment plan, please call our office at (808) 266-2020.

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Case 1:16-cv-00415-DKW-KSC Document 28-1 Kailua, HI 96734

Filed 07/05/1	22	DISCOVER
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE	MUST INCLUDE: SECURITY CODE BACK OF CARD	

Date	MEDCAH	Acct#	Total Due	
April 27, 2015	3:	953	\$7.94	

Date	MEDCAH Acct #	Total Due
April 27, 2015	3953	\$7.94

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MEDCAH, Inc. P.O. Box 1187 Kailua, HI 96734-1187 Halan Hadan Iadha Iadha al Hadalan Hadalan Halad

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COLLECTION NOTICE

WAIANAE COAST COMP HEALTH CTR Creditor:

Creditor Account #:

2477

Amount:

\$7.93

Interest Due:

\$0.01

Total Balance Due:

\$7.94

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